ST MARYS CARE CENTER 3401 MAPLE GROVE DR

MADISON 53719 Phone: (608) 845-1	000	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation	on: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	184	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	184	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	171	Average Daily Census:	178
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Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38.0
Supp. Home Care-Personal Care	No	December 1 Distriction				1 - 4 Years	45.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.9	More Than 4 Years	16.4
Day Services	No	Mental Illness (Org./Psy)	11.1	65 - 74	12.3		
Respite Care	No	Mental Illness (Other)	5.8	75 - 84	30.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	9.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.3			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	8.2		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	38.6	65 & Over	97.1		
Transportation	No	Cerebrovascular	18.1			RNs	10.4
Referral Service	No	Diabetes	1.8	Gender	%	LPNs	10.0
Other Services	No	Respiratory	8.2			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	4.7	Male	28.7	Aides, & Orderlies	48.9
Mentally Ill	No			Female	71.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	6	7.9	157	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	3.5
Skilled Care	28	100.0	334	69	90.8	134	6	100.0	234	60	100.0	192	0	0.0	0	1	100.0	293	164	95.9
Intermediate				1	1.3	112	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	28	100.0		76	100.0		6	100.0		60	100.0		0	0.0		1	100.0		171	100.0

ST MARYS CARE CENTER

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services,	and Activities as of 12	/31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.4	Bathing	4.7		78.4	17.0	171
Other Nursing Homes	1.8	Dressing	4.7		78.4	17.0	171
Acute Care Hospitals	96.1	Transferring	11.1		62.6	26.3	171
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.4		69.0	21.6	171
Rehabilitation Hospitals	0.0	Eating	69.0		22.2	8.8	171
Other Locations	1.1	******	******	*****	******	*******	******
Total Number of Admissions	570	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.2	Receiving F	Respiratory Care	12.3
Private Home/No Home Health	3.5	Occ/Freq. Incontiner	nt of Bladder	39.8	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	64.5	Occ/Freq. Incontiner	nt of Bowel	38.0	Receiving S	Suctioning	0.0
Other Nursing Homes	1.4				Receiving C	stomy Care	0.6
Acute Care Hospitals	10.8	Mobility			Receiving T	Tube Feeding	1.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving M	Mechanically Altered Diet	s 19.9
Rehabilitation Hospitals	0.0						
Other Locations	8.7	Skin Care			Other Resider	nt Characteristics	
Deaths	11.1	With Pressure Sores		5.3	Have Advanc	e Directives	98.2
Total Number of Discharges		With Rashes		1.8	Medications		
(Including Deaths)	575				Receiving F	sychoactive Drugs	37.4
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Ownership: This Nonprofit			Size:	Lic	ensure:		
	This				-199	Ski	lled	Al	1
	Facility			Peer	Group	Peer	Group	Faci	lities
	ે	%	Ratio	%	Ratio	%	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	92.7	1.04	90.2	1.07	90.5	1.07	88.8	1.09
Current Residents from In-County	91.2	84.6	1.08	82.9	1.10	82.4	1.11	77.4	1.18
Admissions from In-County, Still Residing	10.2	20.5	0.50	19.7	0.52	20.0	0.51	19.4	0.52
Admissions/Average Daily Census	320.2	153.0	2.09	169.5	1.89	156.2	2.05	146.5	2.19
Discharges/Average Daily Census	323.0	153.6	2.10	170.5	1.89	158.4	2.04	148.0	2.18
Discharges To Private Residence/Average Daily Census	219.7	74.7	2.94	77.4	2.84	72.4	3.03	66.9	3.28
Residents Receiving Skilled Care	99.4	96.9	1.03	95.4	1.04	94.7	1.05	89.9	1.11
Residents Aged 65 and Older	97.1	96.0	1.01	91.4	1.06	91.8	1.06	87.9	1.10
Title 19 (Medicaid) Funded Residents	44.4	54.6	0.81	62.5	0.71	62.7	0.71	66.1	0.67
Private Pay Funded Residents	35.1	32.6	1.08	21.7	1.62	23.3	1.51	20.6	1.71
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	17.0	37.4	0.45	36.8	0.46	37.3	0.45	33.6	0.50
General Medical Service Residents	4.7	20.2	0.23	19.6	0.24	20.4	0.23	21.1	0.22
Impaired ADL (Mean)	49.2	50.1	0.98	48.8	1.01	48.8	1.01	49.4	1.00
Psychological Problems	37.4	58.4	0.64	57.5	0.65	59.4	0.63	57.7	0.65
Nursing Care Required (Mean)	5.1	7.0	0.74	6.7	0.76	6.9	0.74	7.4	0.69